

| CLAIMS ONLY | | | | Application Number 10/825,862 | | Filing Date | |
|---|--------|--------|-----------------------|----------------------------------|------------------------|-------------|--------------|
| 12-14-04 7-11-05 | | | | Applicant(s) | | | |
| * May be used for additional claims or amendments | | | | | | | |
| CLAIMS | 476-24 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | |
| 1 | / | | / | | / | | 51 |
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| 50 | | | | | | | 100 |
| Total Indep | 1 | | 1 | | 1 | | Total Indep |
| Total Depend | 16 | | 16 | | 15 | | Total Depend |
| Total Claims | 17 | | 17 | | 16 | | Total Claims |

BEST AVAILABLE COPY